

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 591429

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	2						55						
6	1						56						
7	1						57						
8	1						58						
9	0						59						
10	0						60						
11	0						61						
12	0						62						
13	0						63						
14	0						64						
15	0						65						
16	0						66						
17	0						67						
18	0						68						
19	0						69						
20	0						70						
21	0						71						
22	0						72						
23	0						73						
24	0						74						
25	0						75						
26	0						76						
27	0						77						
28	0						78						
29	0						79						
30							80						
31							81						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1												
TOTAL DEP.	0	9											
TOTAL CLAIMS	30												